

PTO/SB/17 (07-06)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
500.00**Complete if Known**

Application Number	11/050264
Filing Date	February 03, 2005
First Named Inventor	Subhotosh Khan, Et Al.
Examiner Name	
Art Unit	1775
Attorney Docket No.	AD6818USDIV

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity		
Utility	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	200	100	0.00
Design	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	130	65	0.00
Plant	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	160	80	0.00
Reissue	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	600	300	0.00
Provisional	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	0	0	0.00

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) Fee (\$)
50 Small Entity
25Each independent claim over 3 (including Reissues) Fee (\$)
200 Small Entity
100Multiple dependent claims Fee (\$)
360 Small Entity
180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	<input type="checkbox"/>	x 50.00	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	YES	Fee (\$)	Fee Paid (\$)
- 3 or HP =	<input type="checkbox"/>	x 200.00	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	<input type="checkbox"/>	/ 50 =	(round up to a whole number) x 250.00	=

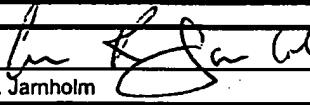
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief Fees Paid (\$)

500.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 30,396	Telephone (302) 992-2394
Name (Print/Type)	Arne R. Jarnholm		Date 2-02-07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.